



YEAR 2001 COLLECTION EVENTS / MOBILE COLLECTIONS ANNUAL REPORT

HOUSEHOLD HAZARDOUS WASTE / CONDITIONALLY EXEMPT SMALL QUANTITY GENERATORS

INSTRUCTIONS

Note: Each letter corresponds to a section of the attached reporting form.

- A.-C. Provide the name of the agency as it is legally referred to, type of event, and identify the county name.
- D. Check the appropriate waste category accepted. If you accept both waste categories, copy this form to report them **separately**. Please do **not** combine HHW and CESQG on one form.

Caution: Survey forms that contain a combination of HHW *and* CESQG data will not be accepted.

- E.-F. Provide the agency address and telephone number.
- G.-H. Check "YES" if you held HHW Collection events in 2001 and if you used the services of an environmental contractor. Provide the contractor's name, address, telephone number, fax number, E-Mail address (if applicable), and what type of service was provided by the contractor.
- I. For each collection event held in 2001, indicate the name of the event, date, location, and sponsor. Indicate the costs for the disposal of waste by contractor and costs incurred by the local jurisdictions.
- J. Indicate the costs for the disposal of waste by the contractor and costs incurred by the local jurisdiction for the collection or mobile event(s).
- K.-M. Using the provided conversion table, report quantity of waste collected in Pounds Only and report disposal method (see section J. for codes).
- N. Specify if these waste types were added or considered in 2001.
- O. If there are restrictions on waste received at the collection site, specify the source, type and amount of waste. For example, HHW only, paint and oil, 5 gallons per person per day.

Make sure that you have completed, signed, and dated this form.

The preparer is the person who has prepared the survey forms, is familiar with the regulations, and is in charge of overseeing the operations. Please include a title, date, telephone number, and e-mail address.



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Please complete each box
(Please complete a separate form for each collection held in 2000)

A. SPONSOR NAME: WASHINGTON STATE DEPARTMENT OF E C O L O G Y	B. TYPE OF EVENT (check only ONE per form) <input type="checkbox"/> COLLECTION <input type="checkbox"/> MOBILE
C. COUNTY:	D. WASTE ACCEPTED (check only one per form) <input type="checkbox"/> HHW or <input type="checkbox"/> CESQG (If both, copy this form to report HHW and CESQG separately)
E. SPONSOR ADDRESS _____	F. PHONE (_____) _____ FAX _____
G. DID YOU HOLD COLLECTIONS IN 2001? <input type="checkbox"/> NO <input type="checkbox"/> YES If NO , complete section G., sign, date, and return. Your reporting obligations for this form are complete. If YES , please complete this form in its entirety. Do you plan to have collections in 2002? _____ <input type="checkbox"/> NO <input type="checkbox"/> YES When? _____ If YES , how many? _____	
H. DID YOU USE THE SERVICES OF AN ENVIRONMENTAL CONTRACTOR IN 2001? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES : 1. Name(s) of contractor(s) _____ Contact person _____ Address _____ Phone (_____) _____ Fax No. _____ E-MAIL Address _____ What type of service was provided? (recycle oil, dispose of waste, etc.) _____ 2. Name(s) of contractor(s) _____ Contact person _____ Address _____ Phone (_____) _____ Fax No. _____ E-MAIL Address _____ What type of service was provided? (recycle oil, dispose of waste, etc.) _____	
I. FOR EACH COLLECTION EVENT HELD IN 2001, PLEASE COMPLETE A SEPARATE FORM (make copies of this form if needed) Name of Event _____ Date(s) _____ Location(s) _____ Sponsor(s) _____	
J. COLLECTION EVENT COST AND PARTICIPATION (Circle category of customer then put number in space to the right) Employee Costs (including benefits) \$ _____ HHW OR CESQGs participants _____ (vehicles) Contractor Disposal Costs \$ _____ _____ (households) Materials, Publicity, Other Costs \$ _____ _____ (Other-describe _____)	
K. This is the first year we require waste units to be reported in Pounds Only. For your convenience, we have provided a conversion table.	

(continued on back)

L. WASTE DISPOSAL METHODS

(One disposal method per line, or provide separate quantities and units if same waste has different disposal methods.)

For each waste type, indicate disposal methods by bold letter in the "Disposal" column below:

- U** Reused. Reusing waste materials such as latex paint or pesticides without processing the material, e.g., by exchange. ☐ **R** Recycled. A process of transforming material into usable or marketable material. ☐ **E** Energy recovery. A process of converting used oil and other materials with fuel value into usable energy, e.g., oil burned to recover energy or heat building. ☐ **T** Treated/solid waste LF. Physical, chemical, or biological processing of waste prior to landfilling. ☐ **W** Wastewater disposal with or without pretreatment processing. ☐ **H** Hazardous waste facility. Waste materials sent to a facility where dangerous waste is placed such as hazardous waste landfill or a treatment storage and disposal facility (TSD).
- S** Disposal to a solid waste landfill without treatment.
- O** Other. Other methods of disposal.

M. PLEASE CHECK IF RECEIVED, RECORD QUANTITY, UNITS (see K), and DISPOSAL METHODS -- U, R, E, T, W, H, S, O (see L)

✓ WASTE TYPE (DOT Class)	Disposal	Quantity in PO	✓ WASTE TYPE (DOT Class)	Disposal	Quantity in PO
<input type="checkbox"/> 1a. Acids (8)		PO	<input type="checkbox"/> 14. Latex Paint		PO
<input type="checkbox"/> 1b. Acids (8) [aerosol cans]		PO	<input type="checkbox"/> 15. Lead Acid Batteries		PO
<input type="checkbox"/> 2. Antifreeze		PO	<input type="checkbox"/> 16. Oil Based Paint		PO
<input type="checkbox"/> 3a. Bases (8)		PO	<input type="checkbox"/> 17. Oil Contaminated		PO
<input type="checkbox"/> 3b. Bases (8) [aerosol cans]		PO	<input type="checkbox"/> 18. Oil Filters		PO
<input type="checkbox"/> 4. CFC / Freon		PO	<input type="checkbox"/> 19. Oil Filters Crushed		PO
<input type="checkbox"/> 5. CFC / Freon Filters		PO	<input type="checkbox"/> 20. Oil Non-Contaminated		PO
<input type="checkbox"/> 6. Chlorinated Solvents		PO	<input type="checkbox"/> 21. Oil with Chlorides		PO
<input type="checkbox"/> 7. Crushed Cans		PO	<input type="checkbox"/> 22. Oil with PCBs		PO
<input type="checkbox"/> 8. Dry Cell Batteries		PO	<input type="checkbox"/> 23. Other Dangerous Wastes		PO
<input type="checkbox"/> 9. Flammable Solids (4)		PO	<input type="checkbox"/> 24. Organic Peroxides (5.2)		PO
<input type="checkbox"/> 10a. Flammable Liquids (3)		PO	<input type="checkbox"/> 25. Oxidizers (5.1)		PO
<input type="checkbox"/> 10b. Flammable. Liquids (3) [aerosol cans]		PO	<input type="checkbox"/> 26. Personal Protect. Equip.		PO
<input type="checkbox"/> 11a. Flam. Liq. – Poison (3, 6.1)		PO	<input type="checkbox"/> 27. Pesticide/Poison Liq(6.1)		PO
<input type="checkbox"/> 11b. Flam Liq, Poison (3, 6.1) [aerosol cans]		PO	<input type="checkbox"/> 28. Pesticide/Poison Sol(6.1)		PO
<input type="checkbox"/> 12. Flammable Gas (2)		PO	<input type="checkbox"/> 29. Reactives		PO
<input type="checkbox"/> 13a. Flam. Gas –Poison (2, 6.1)		PO	<input type="checkbox"/> 30. Other Non-Hazardous		PO
<input type="checkbox"/> 13b. Flam Gas –Poison (2, 6.1) [aerosols]		PO			

N. CHANGES IN WASTE ACCEPTED IN 2001?

Currently accept?

Exploring acceptance?

Mercury-bearing waste (fluorescent lamps, manometers, etc.)

Y OR N

Y OR N

Used electronics (TVs, computers, monitors, etc.)

Y OR N

Y OR N

O. ARE THERE RESTRICTIONS ON WASTE RECEIVED AT YOUR COLLECTION EVENTS, BASED ON?

- ☐ Source (specify) _____
- ☐ Type (specify) _____
- ☐ Amount (specify) _____

PREPARED BY _____

☐ (Title) _____

DATE _____

PHONE (____) _____

E-MAIL ADDRESS _____

To receive this document in alternative format, contact the Solid Waste and Financial Assistance Program at (360) 407-6129 (Voice) or 711 or 1-800-833-6388 (TTY).